

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/890616**

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2		1					52					
3	1						53					
4	1						54					
5	1						55					
6	1						56					
7	1						57					
8	1						58					
9	1						59					
10	1						60					
11	1						61					
12	1						62					
13	1						63					
14	1						64					
15		1					65					
16		1					66					
17		1					67					
18		1					68					
19		5					69					
20		5					70					
21		5					71					
22		6					72					
23		1					73					
24		1					74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	13						TOTAL IND.					
TOTAL DEP.	28						TOTAL DEP.					
TOTAL CLAIMS	41						TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS